

**Non-Union**  
**SICK LEAVE BANK REQUEST FORM**

I, \_\_\_\_\_, hereby request \_\_\_\_\_ hours of sick leave from the City of Santa Fe Sick Leave Bank. I

have read the Sick Leave Bank Policy (2500-10-7) and certify that I have met the evaluation criteria.

All required Family Medical Leave Act documentation is attached.

\_\_\_\_\_  
Employee Name (Print)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee Number

\_\_\_\_\_  
Date

**AUTHORIZATION:**

\_\_\_\_\_ has been approved/disapproved for \_\_\_\_\_ hours from the Sick Leave Bank.

**APPROVED/DISAPPROVED**

**APPROVED/DISAPPROVED**

\_\_\_\_\_  
**Human Resources Director**

\_\_\_\_\_  
**City Manager**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**